



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

MAR 05 1991

ROUGE STEEL CO
ATTN: G DOROSHEWITZ
3001 MILLER RD. RM 2110 ROB
DEARBORN MI 48121

RE: EPA ID #: MID 087 738 431

In response to your request of 2-22-91 the following
information has been updated:

Name of installation to ROUGE STEEL CO
Installation contact to G DOROSHEWITZ
Legal owner to ROUGE STEEL COMPANY
Addition of waste codes K061 AND K062

If you have any questions, please contact me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Kiddon".

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 19 1982

J.A. Esper, Manager
Rouge Steel Company
3001 Miller, Room 2112
P.O. Box 1699
Dearborn, Michigan 48121

RE: Interim Status Acknowledgement
FACILITY NAME: Rouge Steel Company

USEPA ID No. MID087738431

Dear Mr. Esper:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: P.T. Brosnahan, General Manager

Handwritten red signature and date: 5-18-82

5603

ID — For Official Use Only														
C	W	M	I	D	O	8	7	7	3	8	4	3	1	T/A/C

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 6 1	K 0 6 2				
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)☒ 2. Corrosive
(D002)☒ 3. Reactive
(D003)☐ 4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

D. E. Blackwell, President

Date Signed

5/31/89



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

Comments

[illegible]

Date Received
(yr. mo. day)

[illegible]

R	O	U	G	E		P	O	W	E	R		&		U	T	I	L	.		O	P	E	R	A	T	I	O	N	S
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Street or P.O. Box

[illegible]

State

ZIP Code

[illegible]

III. Location of Installation

Street or Route Number

[illegible]

City or Town

State

ZIP Code

C	D	E	A	R	B	O	R	N										M	I	4	8	1	2	1
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number
(area code and number)

$\frac{c}{2}$	M	A	J	O	R	,		R	O	B	E	R	T	,		M	G	R	.	3	1	3	5	9	4	6	9	6	1
---------------	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership
(enter code)

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only – enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

[illegible]

ID - For Official Use Only

C																		T/A	C
W																			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

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F 0 0 1					
7	8	9	10	11	12

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13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

- ☒ 1. Ignitable (D001)
 ☒ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☒ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

Robert Major, Manager

Date Signed

4-6-90

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MID087738431

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

FORD MOTOR CO STEEL DIVISION
3001 MILLER ROAD ROOM 2112 ROB
DEARBORN MI 48121

3001 MILLER ROAD
DEARBORN MI 48121

MI 48121

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste ActivityPlease refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**For Official Use Only****Comments**

C

C

Installation's EPA ID Number**Approved****Date Received**
(yr. mo. day)

C

F

M I D

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T/A C

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I. Name of Installation

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II. Installation Mailing Address**Street or P.O. Box**

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City or Town**State****ZIP Code**

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III. Location of Installation**Street or Route Number**

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City or Town**State****ZIP Code**

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1

IV. Installation Contact**Name and Title (last, first, and job title)****Phone Number (area code and number)**

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V. Ownership**A. Name of Installation's Legal Owner****B. Type of Ownership (enter code)**

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Y

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**☒

1a. Generator

☐

1b. Less than 1,000 kg/mo.

☐

2. Transporter

☐

3. Treater/Storer/Disposer

☐

4. Underground Injection

☐

5. Market or Burn Hazardous Waste Fuel

(enter 'X' and mark appropriate boxes below)

☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐

6. Off-Specification Used Oil Fuel

(enter 'X' and mark appropriate boxes below)

☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐7. Specification Used Oil Fuel Marketer (On-site Burner)
Who First Claims the Oil Meets the Specification**RECEIVED**
JUN 05 1989
EPA-IMS
U.S. EPA, REGION V**VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)**☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**☐

A. Air

☐

B. Rail

☐

C. Highway

☐

D. Water

☐

E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐

A. First Notification

☒

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

M

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ID — For Official Use Only														
C													T/A	C
W	M	I	D	0	8	7	7	3	8	4	3	1		1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 6 1	K 0 6 2				
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☒ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) D. E. Blackwell, President	Date Signed 5/31/89
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA
I.D. NO.

MID087738431

I. NAME OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

facility name changed

000696

7/30/82.

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

MID087738431

A

800818

I. NAME OF INSTALLATION

ROUGE STEEL COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

33001 MILLER ROAD ROOM 2112 ROB

CITY OR TOWN

ST.

ZIP CODE

DEARBORN MI 48121

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

33001 MILLER ROAD

CITY OR TOWN

ST.

ZIP CODE

DEARBORN MI 48121

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 COSTANTINO M S MANAGER 313-323-1260

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 FORD MOTOR COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☒ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If it is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

MID087738431

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 18 1980

United States Environmental Protection Agency
Washington, DC 20460

3333

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA Notification of Hazardous Waste Activity

Official Use Only

Comments

C
C

SBR

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F

MID 08 773 8431

T/A
C
1

I. Name of Installation

R O U G E P O W E R A N D U T I L I T I E S

II. Installation Mailing Address

Street or P.O. Box

C
3

3 0 0 1 M I L L E R R D R O O M 2 0 2 T S B

City or Town

State

ZIP Code

C
4

D E A R B O R N M I 4 8 1 2 1

III. Location of Installation

Street or Route Number

C
5

3 0 0 1 M I L L E R R O A D

City or Town

State

ZIP Code

C
6

D E A R B O R N M I 4 8 1 2 1

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

M A J O R , R O B E R T , M G R . 3 1 3 5 9 4 6 9 6 4

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

S E E A T T A C H E D P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ d. Off-Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

See attached

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID		For Official Use Only											
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

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49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

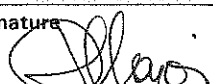
☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Robert Major, Manager	Date Signed 1-12-90
--------------------------------------------------------------------------------------------------	------------------------------------------------------------------	------------------------



Inter Office

Manufacturing Operations
Technical and
Transportation Services

January 12, 1990

RCRA Activities
U.S. EPA Region V
Waste Management Division
P.O. Box A3587
Chicago, Illinois 60690

Subject: RCRA Generator Application

Dear Sir or Madam:

We are providing an application for RCRA generator activities at the Rouge Power and Utilities Facility in Dearborn, Michigan. If you have any questions regarding our application, please contact W. Dotterrer on (313) 594-1014.

Waste generation activities covered by RCRA and conducted at the Rouge Power and Utilities Facility were previously permitted by Rouge Steel Company. Rouge Power and Utilities Operations have recently been transferred from Rouge Steel Company to a joint operating agreement between Rouge Steel Company and Ford Motor Company. The application provided is for the purpose of establishing a new generator entity.

R. M. Major, Manager
Transportation and Rouge
Services

RECEIVED
JAN 23 1990
RCRA-IMS
U.S. EPA. REGION V

Attachment to EPA Notification of
Hazardous Waste Activity

Item V. Ownership

Ownership of the installation is:

60% Rouge Steel Company

40% Ford Motor Company

Item IX. First or Subsequent Notification

Prior to December 15, 1989 the Rouge Power and Utilities facilities were covered by EPA ID MID 087738431 issued to Rouge Steel Company, a wholly owned subsidiary of Ford Motor Company. On December 15, 1989 Rouge Steel Company was sold to Marico Acquisition Company. Ford retained 40% ownership of Rouge Power and Utilities and assumed operational responsibilities.

RECEIVED
JAN 23 1990
RCRA-IMS
U.S. EPA, REGION V



3001 Miller Road
P. O. Box 1699
Dearborn, Michigan 48121-1699

U.S. EPA
GROUND WATER SECTION

RECEIVED

U. S. Environmental Protection Agency
Region V 5HE-12
230 South Dearborn Street
Chicago, Illinois 60604

NOV - 4 1985

Subject: Rouge Steel Company
EPA ID No.: MID 087 738 431
Interim Status Certification

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE ENFORCEMENT BRANCH

RCRA Activities:

As required by section 3005(e) of the Hazardous and Solid Waste Disposal Act, the following is the certification statement for the subject facility. A federal Underground Injection Control (UIC) permit was issued by EPA on October 11, 1985, with an effective date of October 30, 1985.

CERTIFICATION STATEMENT

Rouge Steel Company is the owner/operator of the No. 2 deep well EPA ID No. MID 087738431 located at 3001 Miller Road, Dearborn, Michigan, 48120.

I, P. T. Sullivan, as the President of the Rouge Steel Company, certify that the No. 2 deep well at this facility, as identified on the attached topography map, is in compliance with 40 CFR 144.28(g)(1)(iii), ground-water monitoring requirements, where applicable, and 40 CFR 144 Subpart F, financial responsibility requirements, Please note the following.

1. Rouge Steel Company has not been required to install and use ground-water monitoring wells pursuant to 40 CFR 144.28(g)(1)(iii).
2. Pursuant to 40 CFR 144.16, an application to waive groundwater monitoring for this facility was submitted to EPA on August 19, 1985.

I, P. T. Sullivan, President of the Rouge Steel Company, located at 3001 Miller Road, Dearborn, Michigan, 48120, knowingly and willfully make this true and accurate certification to the United States Environmental Protection Agency pursuant to section 3005(e) of the Hazardous and Solid Waste Disposal Act, as amended.

Signature

P. T. Sullivan
President
Rouge Steel Company

Date

10-31-85

cc: Mr. D. Rector
Michigan Department of Natural Resources
Hazardous Waste Management Division
P. O. Box 30028
Lansing, Michigan 48909

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F M I D 0 8 7 7 3 8 4 3 1 </div>																																																
LABEL ITEMS <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> EPA I.D. NUMBER </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> III. FACILITY NAME </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> V. FACILITY MAILING ADDRESS </div> <div style="border: 1px solid black; padding: 5px;"> VI. FACILITY LOCATION </div>		PLEASE PLACE LABEL IN THIS SPACE																																																	
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See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">SPECIFIC QUESTIONS</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> <th style="width:40%;">SPECIFIC QUESTIONS</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. 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RECEIVED
 3/29/82

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	3	3	1	2	(specify)	Blast Furnace and Steel Mills	C	7	4	9	1	1	(specify)	Electric Services				
15	16	17	18	19			15	16	17	18	19								
C. THIRD										D. FOURTH									
C	7				(specify)		C	7				(specify)							
15	16	17	18	19			15	16	17	18	19								

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?									
C	8	F	O	R	D	M	O	T	O	R	C	O	M	P	A	N	Y											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
15	16																			55	66													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					3 1 3 5 9 4 0 3 2 4									
E. STREET OR P.O. BOX																																		
PARKLANE TOWERS SUITE 628 W																																		
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B DEARBORN																				M I					4 8 1 2 2 6					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52																																		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)													
C	9	N	M	I	0	0	0	3	3	6	1	C	9	P									
15	16	17	18	19	20	21	22	23	24	25	26	15	16	17	18	19	20	21	22	23	24	25	
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)													
C	9	U								C	9		0	0	9	7	3	6	8	8	2	(specify)	
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24	25	Michigan Mineral Well Permit		
C. RCRA (Hazardous Wastes)										E. OTHER (specify)													
C	9	R								C	9		1	8	4	7	5	4	8	8	2	(specify)	
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24	25	Michigan Mineral Well Permi		

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Rouge Steel Company is an integrated steel mill engaged in the manufacture of hot and cold rolled, flat, automotive steel products.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P. T. Brosnahan, President		March 26, 1982

COMMENTS FOR OFFICIAL USE ONLY

C	
C	
15	16



~~no action taken
pending decision
by reg. council~~

~~copy to M. G. Gable~~
~~copy to PA~~

Name Changed to Rouge Steel Co
4-30-82
MGP

March 24, 1982

copy to RA
copy to notify

U.S. Environmental Protection Agency
Region V
RCRA Activities
P.O. Box A 3587
Chicago, Illinois 60690

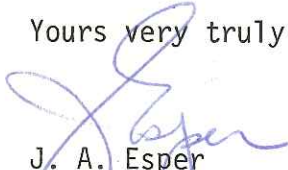
Subject: Name Change for Ford Motor Company, Steel Division
U.S. EPA I.D. Number MID 087738431 g TSD PA

This is to notify you that Ford Motor Company has changed the name of its Steel Division to Rouge Steel Company, a wholly-owned subsidiary.

Due to this change and changes in personnel, a new RCRA "Form 1 - General" has been completed and is attached. All other information remains the same.

Kindly substitute this Form for our earlier submittal.

Yours very truly,


J. A. Esper
Manufacturing Engineering and
Environmental Control Manager

Attachment

RECEIVED
MAR 25 1982
WASTE MANAGEMENT BRANCH
EPA, REGION V

RECEIVED
3/29/82

FORM 1 EPA GENERAL INFORMATION U.S. ENVIRONMENTAL PROTECTION AGENCY I. EPA I.D. NUMBER MID 087138431

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS: If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NA	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
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III. NAME OF FACILITY: ROCK STEEL CO

1 SKIP FORD MOTOR COMPANY STEEL DIVISION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title): ESPER J A B. PHONE (area code & no): 313 323 1260

2 GOSTANTINO M S MANAGER

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3001 MILLER RD ROOM 2112 ROB

B. CITY OR TOWN: DEARBORN C. STATE: MI D. ZIP CODE: 48121-1631

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 3001 MILLER ROAD

B. COUNTY NAME: WAYNE

C. CITY OR TOWN: DEARBORN D. STATE: MI E. ZIP CODE: 48121 F. COUNTY CODE (if known): 063

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3	3	1	2	(specify)	7	4	9
Blast Furnace and Steel Mills				(specify)	Electric Services		
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
FORD MOTOR COMPANY															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)					P (specify)		C A 3 1 3 5 9 4 0 3 2 4				
E. STREET OR P.O. BOX																
ARKLANE TOWERS SUITE 628 W																
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND		
DEARBORN										MI		48126		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
MI 0003361										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
U										009736882									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
D										184754882									
										Michigan Mineral Well Permit									
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I. MAP

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F9:A/50

II. NATURE OF BUSINESS (provide a brief description)

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F9:A/51

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
P. T. Brosnahan, General Manager Steel Division				11-17-80	

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

8 5 6 0 8 1 5

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S

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31

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S02	200		5			
X-2	T03	20		6			
1	D79	Unknown and Indeterminable		7			
2	D79	35,000		8			
3				9			
4				10			

III. PROCESSES (continued)C. SPACE FOR ADDITIONAL PROCESS CODES
INCLUDE DESIGN CAPACITY.

OR DESCRIBING OTHER PROCESSES (code)

FOR EACH PROCESS ENTERED HERE

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

A.I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE			
W H I D 0 8 7 7 3 8 4 3 1 3 1													W DUP			
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																
1	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES					
											1. PROCESS CODES (enter)					
1	D	0	0	3	53,000,000				T	D	7	9				
2																
3																
4																
5																
6																
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V. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL

PROCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)

M I D 0 8 7 7 3 8 4 3 1 3 6

VI. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F-6: A/55

VII. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VIII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

42 18 16

083 09 37

IX. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

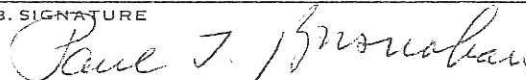
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

P. T. Brosnahan, General Manager
Steel Division



11-17-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED